



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
BOARD OF GEOLOGISTS

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV

APPLICATION FOR APPROVAL TO TAKE FUNDAMENTALS OF GEOLOGY EXAM INSTRUCTION SHEET

When to Select this Application

The *Application for Approval to Take Fundamentals Of Geology Exam* is designed for applicants who want to take the Fundamentals of Geology (FG) exam before acquiring the professional geologic work experience required for licensure. It is recommended that you take the FG exam shortly after graduating from college.

Examination Information

The ASBOG examinations are held twice a year in the Cannon Building, 861 Silver Lake Blvd, Dover, Delaware. The examination schedule is available online at [ASBOG Exam Schedule](#). To apply for approval to sit for the FG exam, you must submit your application and all required documentation by the final dates shown on the schedule so that the Board has time to meet and review your credentials.

When the Board has approved you to sit for the examination, the Board office will send you a notice with further instructions on registering for the examination with ASBOG. The notice will also give you information about the paying the examination and proctoring fees. For information on the examination content, see the candidate information on the [National Association of State Board of Geology](#) website.

Requirements for All Applicants

- ☐ Submit a completed, signed and notarized [Application for Approval to Take Fundamentals of Geology Examination](#).
- ☐ Enclose non-refundable [processing fee](#) by check or money order made payable to the "State of Delaware."
- ☐ Arrange for the Board office to receive an official transcript from your college or university, sent directly to the Board office from the school.
 - The transcript must show that you have either:
 - received a degree in geology, or
 - completed 30 credit hours in geoscience, of which 24 credits are third or higher year courses.
- ☐ If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).
 - The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants: Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.



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IDENTIFYING AND CONTACT INFORMATION

1. Name: _____
Last/Family Name First Middle
2. Other Name(s) Used: _____
3. Date of Birth (month/day/year): _____ Gender: Male ☐ Female ☐
4. Have you been issued a U.S. Social Security Number? Yes ☐ No ☐
 - If yes, enter your SSN: _____
 - If no, you must file a [Request for Exemption from Social Security Number Requirement](#).
5. Mailing Address: _____

City State Zip
6. Phone: _____ Email: _____
Daytime Home

EDUCATION

7. Enter the following information your undergraduate and graduate geologic education. Enter geology credits in semester or quarter hours.
College or University Name: _____
Location: _____
Attended From: _____ To: _____ Major: _____
Geology Credits Earned: _____ Degree: _____ Date Conferred: _____
College or University Name: _____
Location: _____
Attended From: _____ To: _____ Major: _____
Geology Credits Earned: _____ Degree: _____ Date Conferred: _____

Arrange for the Board office to receive an official transcript(s) sent *directly* from *each* college or university listed to the Board office.

DISCLOSURES

8. Are any unresolved complaints pending against you in any jurisdiction? Yes ☐ No ☐ **If yes, submit a letter explaining fully. Include copies of all appropriate records.**
9. Have you ever had your license or registration to practice geology suspended, revoked, or subject to other disciplinary action in any jurisdiction? Yes ☐ No ☐ **If yes, submit a letter explaining fully. Include copies of all appropriate records.**

10. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense, including any for which you have received a pardon, in any jurisdiction? Yes ☐ No ☐ **If yes, submit a certified copy of your criminal history record.**
11. Have you ever excessively used or abused drugs (including alcohol, narcotics, or chemicals)? Yes ☐ No ☐ **If yes, submit a letter explaining fully. Include copies of all appropriate records.**
12. Do you have any impairment related to drugs or alcohol that would limit your practice of Geology? Yes ☐ No ☐ **If yes, submit a letter explaining fully. Include copies of all appropriate records.**

LICENSURE HISTORY

13. Have you ever held, a geologic or other professional license or registration issued by a government jurisdiction in Delaware or elsewhere? Yes ☐ No ☐ If yes, enter the following information about *each* license or registration that you have ever held. (Do **not** include certifications from a technical, scientific, or other non-governmental body.)

TYPE OF LICENSE	ISSUING JURISDICTION	LICENSE NUMBER	ISSUE DATE	STATUS (e.g., active)

Arrange for the Board office to receive a *Verification of Licensure* form from *each* jurisdiction listed, sent *directly* from the jurisdiction to the Board office.

If Board review of your application is needed, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

Applications that are not complete within six months of filing may be considered abandoned and discarded.

When your application is complete, please allow 4-8 weeks to receive your license.

AFFIDAVIT

Complete this section in the presence of a notary public.

The undersigned applicant, being sworn, deposes and says that the information contained in this application is true and correct, and that s/he understands that the intentional inclusion of false or fraudulent information or the material omission of information may result in the denial of licensure and will be reported to the Attorney General for further action.

APPLICANT SIGNATURE: _____ Date: _____

County of _____ State of _____

Sworn or affirmed before me a Notary Public this _____ day of _____, 2_____.

Notary Signature: _____

SEAL

My commission expires on _____

APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR SUBMITTED WITHOUT THE REQUIRED FEE WILL BE REJECTED.



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VERIFICATION OF LICENSURE REQUEST

APPLICANT INFORMATION – The Delaware applicant completes this section.

- Full Name: _____
First Middle Last
- Mailing Address: _____

City State Zip
- Phone: _____ Email: _____
Day Evening
- Social Security Number: _____
- License Number in Jurisdiction Below: _____

6. If you passed the ASBOG exam, enter the information about each part:

EXAM	DATE TAKEN	JURISDICTION WHERE TAKEN
Fundamentals of Geology		
Practice of Geology		

VERIFICATION OF LICENSURE/EXAMINATION – The State Board of Geologists completes this section.

The applicant named below has applied for Geologist licensure or approval to sit for the ASBOG examination in the State of Delaware. We ask your cooperation by providing our Board with the following information.

1. License/Registration Number: _____ Status: Active ☐ Inactive ☐

Issue Date: _____ Expiration Date: _____

2. Did the applicant take the ASBOG examination in your jurisdiction?
Yes ☐ No ☐ If yes, complete:

EXAM	DATE TAKEN	SCORE
Fundamentals of Geology		
Practice of Geology		

3. Has the license ever been surrendered, suspended, or revoked? Yes ☐ No ☐ If yes, please explain on reverse.
4. Has your Board taken disciplinary action against the applicant? Yes ☐ No ☐ If yes, please explain on reverse.

The Board of _____ of the State of _____ certifies that the above information is correct.

Signature: _____ Title: _____ Date: _____

BOARD SEAL

Please mail completed form *directly* to Board of Geologists at the address above.